

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/11/2011	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1251 WEST 96TH STREET INDIANAPOLIS, IN46260			
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey Dates: August 9, 10, & 11, 2011.</p> <p>Facility Number: 003282 Provider Number: 003282 AIM Number: N/A</p> <p>Survey Team: Courtney Hamilton, RN -TC Christi Davidson, RN</p> <p>Census Bed Type: Residential: 83 Total: 83</p> <p>Census Payor Type: Other: 83 Total: 83</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5</p> <p>Quality review completed on August 16, 2011 by Bev Faulkner, RN</p>			R0000	<p>DISCLAIMERPreparation and implementation of this plan of correction does not constitute admission or agreement by Rittenhouse Senior Living of Indianapolis of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated August 11, 2011. Rittenhouse Senior Living of Indianapolis specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action not related directly to the licensing and/or certification of this facility or provider.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0036	<p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to follow physicians orders to notify when residents fingerstick blood sugar (FSBS) results were above or below set parameters. This had the potential to affect 1 of 7 residents reviewed for physician orders. (Resident #80)</p> <p>Findings include:</p> <p>Resident #80's record was reviewed on 08/10/11 at 8:20 A.M.. Diagnoses included but were not limited to diabetes, hypertension (high blood pressure), dementia, COPD (chronic obstructive pulmonary disorder), and renal failure.</p> <p>A current physicians order, dated 01/30/2009, indicated, "Accu check (FSBS) before meals at 8 A.M., 11:30 A.M., 4:30 A.M. call MD (medical doctor) if FSBS < (less than) 70 or [sic] > (greater than) 400. "</p>		R0036	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:The nurse in question regarding this specific notification and documentation has received a Corrective Action document regarding this deficiency. All licensed nurses shall receive in-service education regarding the facility "Notification Policy - Physicians, Residents, Responsible Parties".2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:All residents receiving accu checks have the potential to be affected.3) What measures will be put into place or what systemic changes the facility willmake to ensure that the deficient practice does not recur:The Licensed Nurses shall receive in-service education to include the facility policy "Notification Policy - Physicians, Residents, Responsible Parties" and proper</p>		10/13/2011	

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	<p>Review of the current Medication Administration Records (MAR) for May, June and July 2011 indicated the resident's blood sugar was less than 70 at 8 A.M., on the following dates: 05/02/2011, 05/05/2011, 05/18/2011, 06/02/2011, 06/06/2011, 06/14/2011, 07/05/2011, 07/22/2011.</p> <p>A current facility policy provided by the Administrator on 08/11/2011 at 9:00 A.M., titled, "Notification Policy-Physicians, Residents, Responsible Parties" indicated..."notify the resident's physician of the change in condition noted. Follow instructions/orders received from the physician...."</p> <p>An interview with the Director of Nursing on 08/10/2011 at 8:45 A.M., indicated, "if they notified the physician it should be documented in the nurses notes."</p> <p>The record lacked documentation of physician notification of the low blood sugars.</p>				<p>documentation in the clinical record of these notifications. Licensed Nurses who do not follow the "Notification Policy" correctly shall receive disciplinary action in the form of a written reprimand and potential for termination from their position should there be any reoccurrence.4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:The Resident Care Director will audit the clinical records of those residents receiving accu checks to ensure compliance with the facility "Notification Policy". These audits will be performed five times per week for 2 weeks beginning 8/31/11, 3times per week for 2 weeks, 1 time per week for 2 weeks and 2 times per month ongoing. Results of the audits shall be documented.5) By what date the systemic changes will be completed:Date of completion 10/13/2011 to complete number of weeks listed.</p>		

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R0086	<p>The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management; (C) operation; and (D) control; of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee. Based on record review and interview, the facility failed to ensure the Alzheimer's/Special Care Unit Disclosure form was accurately completed.</p> <p>Findings include:</p> <p>The facility's Alzheimer's/Dementia Special Care Unit disclosure form, dated 12/2010, was provided by the Administrator on 08/11/2011 at 12:45 P.M.</p> <p>The disclosure form indicated, "...Have state or federal officials cited the care program/unit or facility during the past twelve month [sic] for inappropriate use of physical or chemical restraints?" The box "No" was checked.</p> <p>An interview with the Administrator on 08/11/2011 at 1:25 P.M., indicated she had filled in the form incorrectly. She indicated the facility had been cited</p>			R0086	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:the Alzheimer's/Dementia Special Care Unit Disclosure Form dated 12/2010 has been corrected with the "yes" box being checked where the form indicates "Have state or federal officials cited the care program/unit or facility during the past twelve months for inappropriate use of physical or chemical restraints?" 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:All residents residing on the Alzheimer's/Dementia Special Care Unit have the potential to be affected.3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:The Alzheimer's/Dementia special Care Unit disclosure form is completed one time annually.</p>		12/31/2011

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R0154	<p>during the previous survey for use of chemical restraints.</p> <p>(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure food in 2 of 2 refrigerators located in 2 of 2 common areas was properly labeled and dated. This had the potential to affect all residents and staff who utilized the refrigerators.</p>			R0154	<p>Neither this facility, nor the Administrator had ever received this citation before and the "no" box being marked was an error. The facility Administrator was made aware of this error by the Surveyor during the annual survey, therefore alerting the Administrator to be thorough and provide additional attention to detail when completing the unit disclosure form. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Resident Care Director shall review the unit disclosure form following the Administrator's completion of the form to assist in ensuring all documentation is accurate. 5) By what date the systemic changes will be completed: Date of completion: 12/31/11 - The date upon which the 2011 unit disclosure form will be due.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All improperly stored food items were removed and/or appropriately labeled in both refrigerators in question on the first day of the survey. The refrigerator in the game room was</p>		09/30/2011

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	<p>Findings include:</p> <p>1. During the initial tour on the dementia unit on 08/09/2011 at 9:10 A.M., the following was observed:</p> <p>In the refrigerator in the activities room there was a paper cup containing peanut butter partially covered with aluminum foil with no label or date. An uncovered paper cup was observed with a powdered substance inside with no label or date. There were two opened jars of grape jelly with no open dates on them. There were two pitchers of juice with no labels or dates. There was a partially eaten ice cream sundae in the freezer.</p> <p>An interview with the Director of Nursing on 08/09/2011 at 9:35 A.M., indicated the food and sundae should not have been in the refrigerator and freezer.</p>		<p>immediately labeled regarding contents of staff usage only (staff lunches) for the refrigerator portion and resident usage only (donuts for the coffee and donuts activity) for the freezer portion. the labels are colorful and large enough to be readily visible.2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:All residents have the potential to be affected.3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:All staff shall receive in-service education to include the policy "Storage Procedures". Staff members shall be made aware that those who do not properly follow the "Storage Procedures" policy will receive discipline in the form of counseling, written reprimand and the potential for possible termination from their position due to reoccurrence.4) How the corrective actions(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:The memory care Program Director, with the assistance of the Charge Nurse, will check the refrigerators on the unit for five days beginning 8/29/11, two times per week for two weeks, 1 time per week for two weeks and two times per</p>		

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	<p>2. During an observation on 08/09/11 at 9:40 a.m., a refrigerator with freezer unit in the facility game room contained multiple unlabeled and undated food items. In the freezer, a plastic sealed bag of donuts was undated. A paper restaurant cup with ice cream had an open lid and was undated. An item wrapped in white paper towel secured with rubber bands was unlabeled and undated. A plastic container with a purple substance was unlabeled and dated 09/14/10. A 4 quart strawberry ice cream container was opened with no open date. A 1.5 quart vanilla bean ice cream was opened with no open date. A 1.5 quart strawberry ice cream was opened with no open date.</p>		<p>month on going to ensure all food items are properly stored and labeled. Any items found to be improperly stored or labeled will immediately be removed from the refrigerator. The Activity Director, along with the Activity Assistant, will check the refrigerator in the game room five times per week for three weeks beginning 8/29/11 and two times per week on going to ensure all food items are properly stored and labeled. Any items found to be improperly stored or labeled will be removed from the refrigerator. 5) By what date the systemic changes will be completed: Date of Completion: 9/30/11 to complete number of weeks listed.</p>		

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	<p>Three frozen dinners were in the freezer and unmarked. Two lunch totes, five plastic grocery bags with food items inside, one opened package of cheese slices, a plastic container with cucumbers in liquid and a sandwich wrapped in plastic wrap were all unmarked and undated.</p> <p>During an interview on 08/09/11 at 9:40 a.m., the Dietary Manager indicated staff lunches are kept in this refrigerator/freezer. The Dietary Manager indicated resident person food items were stored here, and the donuts were used for activities for the resident population.</p> <p>During the end of day conference on 08/09/11 at 4:00 p.m., the Administrator and Director of Nursing indicated staff stored lunches in refrigerator/freezer in the facility game room.</p> <p>A policy provided by the Administrator on 08/11/11 at 9:00 a.m., titled, "Storage Procedures," indicated, "...Food...shall be properly stored to keep foods safe...Refrigerated Storage 7...labeled and dated until used...10. Leftovers are refrigerated immediately and used within 72 hours or frozen...3. All foods in the freezer are wrapped in moisture proof wrapping...."</p>				

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R0244	<p>(4) Preparation of doses for more than one (1) scheduled administration is not permitted.</p> <p>Based on observation, record review and interview, the facility failed to ensure nursing staff prepared one resident's medication at a time as evidenced by an observation of pre-set medications in one of two medication carts observed.</p> <p>Findings include:</p> <p>During an observation of the main facility medication cart on 08/11/11 at 8:40 a.m., three pre-set medications were observed. In the top drawer of the medication cart, there were three clear, plastic medication cups with medications in each of them, covered with a paper medication cup marked with a resident name.</p> <p>During an interview, at that time, on 08/11/11 at 8:40 a.m., LPN #3 indicated, "I usually pull 3 or 4 at a time and take them out."</p> <p>During an interview on 08/11/11 at 8:45 a.m., the Director of Nursing indicated</p>		R0244	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The nurse in question regarding this specific incident has received a Corrective Action document regarding this noncompliance. All licensed nurses shall receive in-service education regarding the facility's "Medication Administration: General Guidelines". 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. 3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: The Licensed Nurses and Qualified Medication Aides shall receive in-service education to include the facility policy "Medication Administration: General Guidelines". Licensed Nurses or Qualified Medication Aides who do not follow the</p>		10/15/2011	

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R0273	<p>she would expect for one resident's medication to be pulled at a time. She indicated the medications should be checked off before going to the next resident. A facility policy for medication administration was requested at this time.</p> <p>A facility policy dated 04/30/200, titled, "8.6 Medication Administrator: General Guidelines," was provided by the Administrator on 08/11/11 at 3:45 p.m., and she indicated this was a current policy. The policy indicated, "...16. Medication are not pre-poured (only prepare and administer medications for one resident at a time and only at the time ordered for administration)...."</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p>			<p>"Medication Administration: General Guidelines" policy correctly shall receive disciplinary action in the form of a written reprimand and potential for termination from their position should there be any re-occurrence.4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:The Resident Care Director will audit the medication carts to ensure medications are not being pre-set. In addition the Resident Care Director shall request a return demonstration by each licensed nurse and QMA to ensure compliance with the facility "Medication Administration: General Guidelines" policy. The medication cart audits will be performed daily for 5 days beginning 8/29/11, three times per week for 2 weeks, 2 times per week for 2 weeks, 1 time per week for 2 weeks and 2 times per month ongoing. Results of the audits and return demonstrations shall be documented.5) By what date the systemic changes will be completed:Date of completion: 10/15/11 to complete number of weeks listed.</p>			

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	<p>Based on observation, record review and interview, the facility failed to ensure sanitation of the kitchen area and safe food storage which had the potential to effect all of the residents in the facility.</p> <p>Findings include:</p> <p>On 08/09/11 at 9:15 a.m., an initial kitchen tour was conducted with the Dietary Manager.</p> <p>In the front kitchen refrigerator, contents included but were not limited to, two cartons of egg beaters opened with no open dates, one carton of rice milk opened with no open date, two one gallon milk jugs opened with no open dates, a carton of prune juice with an open date of 07/22/11, chicken salad covered in plastic wrap dated 08/03/11, and tomato soup covered in plastic wrap dated 08/03/11.</p> <p>The lid on a large plastic trash bin in the kitchen was not secured due to the volume of trash.</p> <p>During the initial tour, the Dietary Manager indicated, the facility lacked documentation of dishwasher, freezer and refrigerator temperature logs since April 2011. The Dietary Manager indicated, "We are going to start."</p>	R0273	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All improperly stored food items were removed and/or appropriately labeled in the refrigerators and the freezer. The trash was emptied and the lid replaced on the trash can in question. Temperature logs have been put into place. All improperly stored food items in the dry storage area were removed and/or appropriately labeled. The bottles of hand sanitizer and bleach were removed from the dry storage room. The storage of these items were confused between facility policy and policy referenced in the Serv Safe Training the Dietary Manager attended. Cook #1 has received a Corrective Action document in regard to not following the facility handwashing policy correctly. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. 3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Dietary staff shall receive in-service education to include the policies "Storage Procedures" and "Hand Washing". Dietary staff members will also receive in-service</p>	10/15/2011	

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	<p>During an interview on 08/09/11 at 9:25 a.m., the Dietary Manager indicated staff used products from the front kitchen refrigerator first before retrieving food items from the large rear kitchen cooler. The Dietary Manager indicated kitchen staff should be dating items when opened.</p> <p>On 08/09/11 at 11:40 a.m., continued observations of the kitchen were made. In the dry storage area, six gelatin mixes were opened and stored in plastic sealed bags with no open dates. An opened four pound bag of chocolate chips was not sealed. A bag of dry rice was opened and not sealed. A clear plastic pitcher was inside the flour bin. Six bottles of hand sanitizer and five one gallon jugs of bleach were stored on a shelf next to paper products in the same area designated for dry food storage.</p> <p>During an observation on 08/09/11 at 11:50 a.m., Cook #1 washed hands for 5 seconds.</p> <p>During an observation on 08/09/11 at 12:10 p.m., in a cooler marked #3 in the service kitchen, one gallon milk was observed opened with no open date, almond milk was opened with no open date, a carton of prune juice had open date of 06/17, two bottles of salad dressing</p>		<p>education re: proper recording of dishwashing, freezer and refrigerator temperatures and sanitation policy to include lids remaining on trash cans at all times when not in use. Dietary staff members shall be made aware that those who do not properly follow the "Storage Procedures", "Hand Washing" and temperature recording and sanitation policies will receive discipline in the form of counseling, written reprimand and the potential for possible termination from their position due to re-occurrence. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place: The Dietary Manager, or her designee, will audit the refrigerators, freezer and dry storage room to ensure food items are being appropriately stored and labeled. In addition the Dietary Manager, or her designee, will audit the proper taking and recording of temperatures for the dishmachine, refrigerators and freezer, and that all trash cans have their lids on at all times when not in use. Audits shall include noting that cleaning supplies are not stored in food storage areas. The above mentioned audits will be performed daily for 5 days beginning 8/29/11, three times per week for 2 weeks, 2 times per</p>		

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	<p>with no open dates and two half gallon ice cream cartons with no open date. In a freezer marked #2, peanut butter cookie dough was in a plastic bag unsealed.</p> <p>An observation on 08/09/11 at 12:20 p.m., Cook #1 entered kitchen and did not wash hands. Cook #1 retrieved dressing form cooler and poured it into a bowl. Cook #1 left the kitchen area.</p> <p>During the end of day conference on 08/09/11 at 4:00 p.m., the Administrator and Director of Nursing were asked to provide facility policies on kitchen sanitation and kitchen hand washing.</p> <p>A facility policy provided by the Administrator on 08/11/11 at 9:00 a.m., titled, "Hand Washing," indicated, "...All hands are washed: A. When entering the Nutrition Services Department...Add soap and rub well, ...for a minimum of 20 seconds...."</p> <p>A facility policy provided by the Administrator on 08/11/11 at 9:00 a.m., titled, "Storage Procedures," indicated, "...Dry Storage of Food 1. Food storage areas are used for food and paper supplies. Chemical/poisonous items are not stored in food storage area...6. Open packages are labeled, dated, and stored in closed containers. 7. Dry bulk foods are stored</p>		<p>week for 2 weeks, 1 time per week for 2 weeks and 2 times per month ongoing. Results of the audits shall be documented.5) By what date the systemic changes will be completed:Date of completion: 10/15/11 to complete number of weeks listed.</p>		

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R0296	<p>in plastic containers...and scoops are stored separately...Refrigerated Storage 2. Thermometers...Temperatures will be recorded on the Refrigerator Log at least twice a day...10. Leftovers are refrigerated immediately and used within 72 hours or frozen...Frozen Storage...2. Thermometers...Temperatures will be recorded on the Freezer Temperature Log at least twice daily...3. All foods in the freezer are wrapped in moisture proof wrapping...Storage of Cleaning Supplies 1. All cleaning supplies are stored in the janitor's closet or other areas away from food...."</p> <p>(b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on observation, record review and interview, the facility failed to ensure their policy for administration of nebulizer treatments (breathing treatment) was followed for 1 of 1 residents observed for nebulizer treatment administration.</p> <p>(#50) The licensed nurse failed to assess the resident prior to, during and after the administration of the treatment.</p> <p>Findings include:</p>			R0296	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:The nurse in question regarding this specific incident has received a Corrective Action document regarding this noncompliance. All Licensed Nurses shall receive in-service education regarding the facility's "Nebulizer Medications: Observation" policy.2) How the facility will identify other residents</p>		10/12/2011

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	<p>The record for Resident #50 was on 08/11/11 at 9:10 a.m.</p> <p>Diagnoses included, but were not limited to Alzheimer's dementia, chronic obstructive pulmonary disease, and a history of bronchitis.</p> <p>A recapitulation dated for August 2011 with a current physician's order, indicated Resident #50 was to receive a nebulizer treatment one dose each shift for shortness of breath and wheezing.</p> <p>During a medication pass observation on 08/10/11 at 11:10 a.m., LPN #2 retrieved Resident #50 from the activity room and escorted the resident to resident's room. LPN #2 washed hands, donned gloves, added medication to medication chamber of breathing mask and initiated the breathing treatment. LPN # 2 did not assess the resident's pulse rate before, during or after the treatment. LPN #2 did not auscultate Resident #50's lung sounds with a stethoscope before, during or after the treatment. LPN #2 did not check Resident #50's oxygen saturation before, during or after the treatment. LPN #2 escorted Resident #50 back to activities.</p> <p>During an interview on 08/10/11 at 11:18 a.m., LPN #2 indicated, lung sounds of</p>		<p>having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents receiving nebulizer treatments have the potential to be affected. 3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: The Licensed Nurses shall receive in-service education to include the facility policy "Nebulizer Medications: Observation". Licensed Nurses who do not follow the "Nebulizer Medications: Observation" policy correctly shall receive disciplinary action in the form of a written reprimand and potential for termination from their position should there be any re-occurrence. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Resident Care Director will audit the clinical records of those residents receiving nebulizer treatments to ensure compliance with the facility "Nebulizer Medication: Observation" policy. In addition the Resident Care Director shall directly observe the nurses during administration of a nebulizer treatment for return demonstration of proper protocol being followed. These audits will be performed 5 times per week for 2 weeks beginning 8/31/11, 3</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>Resident #50 were auscultated at 7:30 a.m. and were clear.</p> <p>During an interview on 08/10/11 at 11:30 a.m., the Director of Nursing (DoN) indicated she would provide a policy for administering nebulizer treatments.</p> <p>A facility policy dated 11/15/1010 titled, "Nebulizer Medications: Observation," was provided by the DoN on 08/11/11 at 3:45 p.m., and she indicated this was a current policy. The facility policy indicated, "...Observation and assessment of the resident prior to, during and following a nebulizer treatment is conducted by licensed nursing staff...To promote resident health and independence through early detection of, and attention to respiratory issues, and any adverse effects and health conditions related to the treatment administered. Process 1. Prior to and following administration of inhaled nebulizer medications, licensed nursing will observe resident respirations; check O2 [oxygen] sats [saturation], pulse and auscultate lungs,...."</p>		<p>times per week for 2 weeks, 1 time per week for 2 weeks and 2 times per month ongoing. Results of the audits and return demonstrations shall be documented. 5) By what date the systemic changes will be completed: Date of completion: 10/12/11 to complete number of weeks listed.</p>		